

215037811
60582

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 175	Agency Case No. B5-086210	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/17/2015		TIME OF ACCIDENT 0805	STATE USE ONLY						
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0807	09/17/2015						
B	75	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. Scottsdale, S 34th to S 35th	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE					
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION							
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
				62.00	X	S 34th					
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
F	1	DRIVER LICENSE NO. V00377721			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N	1	DRIVER SARA K BOUTDY			PHONE 402 310-4863	LOCAL NO.					
V2/N	1	DRIVER ADDRESS 7311 S 30TH ST, LINCOLN, NE 68516			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	06/24/1975				
G	2	OWNER SARA BOUTDY			PHONE 402 310-4863	LOCAL NO.					
H	5	OWNER ADDRESS 7311 S 30th, Lincoln, NE 68516			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB486006				
V1/O	3	LICENSE PLATE PA NO. TMF186	YEAR 2007	MAKE Chrysler	MODEL LTD	BODY STYLE 4 door Sedan	COLOR bronze	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2500			
V2/O	2	VEHICLE ID NO. (VIN) 2A8GF78X87R127854	TOWED TO			TOWED BY	INSURANCE COMPANY Progressive	POLICY NO. 13164937			
I	1	VEHICLE NO. 2									
V1/P	1	DRIVER KEVIN D SVEC			PHONE 402 770-7923	LOCAL NO.					
V2/P	1	DRIVER ADDRESS 7500 S 29TH ST, LINCOLN, NE 68522			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	10/21/1962				
J	01	OWNER KEVIN D SVEC			PHONE 402 770-7923	LOCAL NO.					
V1/Q	3	OWNER ADDRESS 7500 S 29TH ST, LINCOLN, NE 68516			CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.				
V2/Q	4	LICENSE PLATE PA NO. SSP293	YEAR 2013	MAKE Ford	MODEL ECS	BODY STYLE Compact Utility	COLOR black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 900			
K	01	VEHICLE ID NO. (VIN) 1FMCU0F70DUA21043	TOWED TO			TOWED BY	INSURANCE COMPANY Farmers Mutual	POLICY NO. AU337352			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.	
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.	
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086210

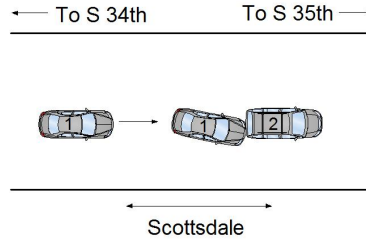


Indicate
North
by Arrow



POI-62' E of E curb of S 34th
15' N of S curb of Scottsdale

V1 and V2 not moved
No visible skids



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 said she was EB on Scottsdale in stop and go traffic heading towards the elementary school. D1 said she began to steer right to pull to the curve. D1 said V2 was in front of her and noticed V2's brake lights come on. D1 said she applied her brakes, but struck the rear of V2. D2 said he was EB on Scottsdale stopped in traffic when he felt the impact of V1 striking the rear of his veh.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2		
1			X		Scottsdale		POINT OF IMPACT	01	POINT OF IMPACT	05	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 4 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>		
2			X		Scottsdale		POINT OF IMPACT	01	POINT OF IMPACT	05	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 4 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>		
1	01	06 Turning left				MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 4 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>			
2	11	08 Entering traffic lane				<div style="border: 1px solid black; padding: 2px; text-align: center;"> 02 03 04 01 05 08 07 06 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 4 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 5 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> 2 </div>			

OFFICER NO. 875	TROOP/TEAM/BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME <i>(Print or Type)</i> Jeff Hahne		INVESTIGATOR SIGNATURE Approved by Officer Jeff Hahne	DATE OF REPORT 09/17/2015